

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10129371</u>	FILING DATE <u>1</u>			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		2		2		TOTAL IND.				
TOTAL DEP.	39		15		15		TOTAL DEP.				
TOTAL CLAIMS	41		17		17		TOTAL CLAIMS				

COL 4

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 420)						SERIAL NO. 107109374		FILING DATE	
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1		1				61			
2						62			
3						63			
4						64			
5						65			
6						66			
7						67			
8						68			
9						69			
10						70			
11						71			
12						72			
13						73			
14						74			
15						75			
16						76			
17						77			
18						78			
19						79			
20						80			
21						81			
22						82			
23						83			
24						84			
25						85			
26						86			
27						87			
28						88			
29						89			
30						90			
31						91			
32						92			
33						93			
34						94			
35						95			
36						96			
37						97			
38						98			
39						99			
40						100			
41						TOTAL			
42						TOTAL			
43						TOTAL			
44						TOTAL			
45						TOTAL			
46						TOTAL			
47						TOTAL			
48						TOTAL			
49						TOTAL			
50						TOTAL			
TOTAL						TOTAL			
TOTAL						TOTAL			
TOTAL						TOTAL			